

Home Care and Assisted Living Advisory Council

2024 RECOMMENDATION LETTER TO COMMISSIONER

memo

DATE: June 3, 2024

TO: Dr. Brooke Cunningham, MDH Commissioner

FROM: Daphne Ponds, HCALP Advisory Council Chair

SUBJECT: 2024 HCALP Advisory Council Recommendations

The Home Care and Assisted Living Program (HCALP) Advisory Council would like to relay the Council's 2024 annual recommendations to improve public protection in the home care and assisted living settings as required by Minnesota Statute 144A.4799, subd. 3(8)(c). The Advisory Council thanks you for your approval of a second round of Social Connection Grants administered by the Council last year to help alleviate loneliness and provide connections for clients and residents through technology. The Advisory Council awarded forty-four (44) Social Connection Grants in the amount of \$151,955.76. While these grants did have a positive effect on residents and providers, the Council believes there is much more to be done.

Minnesota Statutes 144A.474, subd. 11(j) and 144G.31, subd.8 directs MDH to deposit fine monies collected from home care and assisted living providers in a dedicated special revenue account. The home care (144A) and assisted living (144G) laws direct the annual balance of the account be appropriated to the Commissioner of Health to carry out the recommendations of the Advisory Council. The balance of the account now totals more than \$4 million dollars and can be utilized to carry out the 2024 recommendations of the Advisory Council.

The Advisory Council believes the Commissioner supporting the recommendations as outlined below will enhance client/resident quality of care and streamline licensing and survey compliance so assisted living and home care providers understand regulatory expectations, and further promote public trust and confidence in MDH.

- **Proactive Approach/Strategies to Connect to Providers in the Community.** MDH should take a more proactive, preventative approach to regulation by reaching out to providers with external education about the regulatory process and actively engaging with providers to understand the communities they serve.
- **New Provider Training Toolkit.** MDH should partner with other applicable state agencies and stakeholders to create a new provider toolkit to educate applicants to ensure a minimum level of baseline competency regarding the assisted living and home care licensing requirements before going into business providing care for residents or clients.
- **Portability of Employee Training and Administrative Tasks.** The Commissioner should support portability of tuberculosis (TB) testing, and if feasible and scientifically sound to do so, eliminated TB testing requirements for employees. MDH should recognize commercially purchased training packages that meet 144A and 144G licensing requirements and provide certificates of successful training completions an employee can take to a new employer as proof of non-facility training. It is believed if a provider utilizes MDH recognized training packages then MDH surveyor time would also be saved as there would be no need to evaluate the training content.

- **MDH Standardized Forms.** MDH should create standardized forms that would be optional for assisted living and home care providers to utilize to help assure licensing survey compliance, including service plan, certain disclosures, reassessment, and Individual Abuse Prevention Plan (IAPP) forms.
- **Eliminate Duplicative Non-Facility Specific Training for Certified Unlicensed Personnel (ULP).** If a ULP obtains and maintains a Certified Nursing Assistant (CNA) or Trained Medication Aide (TMA) certification and training requirements, assisted living and home care providers should not be expected to retrain these ULP employees on these competencies that are not specific to the facility, like basic medication administration procedures where their competency has already been verified by their certification.
- **Surveyor and Provider Joint Training.** The goal of this recommendation would be for surveyors and providers to be more on the same page when it comes to surveys. It is also hoped that interactions between surveyors and providers would be collaborative rather than punitive. Evaluation tools and guidance could be jointly developed and both sides could develop an understanding of the challenges of the other.
- **HCALP Task Force Formation.** The Council requests MDH support of the formation of Council-led task force to help develop optional online educational course content and checklist to address the most cited correction orders, regulatory expectations, best practices, and strategies to improve compliance. After completion of the online course, a participating facility could potentially participate in a mock survey with MDH or other entity for survey practice and obtain practical ideas and strategies for improved compliance.

Thank you for your consideration of these recommendations. If you have questions, please follow up with Daphne Ponds, Chair of the HCALP Advisory Council and Executive Operations Manager of Home Care and Assisted Living Programs in the Health Regulation Division.

Sincerely,

Daphne Ponds, RN, MSN, JD
HCALP Advisory Council Chair

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